

Shrewsbury Public Library

OCR# _____

REGISTRATION APPLICATION - PLEASE PRINT

To register for a Library card, you will need to complete this form, provide two (2) forms of current identification with your address, such as a driver's license, check book, mail etc....

Last Name	First Name	Full Middle Name
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Local Address, Street Address or P. O. Box # (apartment # if applicable)	Precinct
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City	State	Zip Code / pcode 4	Phone
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Name of Work / School

Street Address or P. O. Box # (apartment # if applicable)

City	State	Zip Code	Phone
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Date of Birth / pcode 3	Please check your age group / ptype			
	J: 5-11	Y: 12-17	A: 18-59	S: +60

E-mail

FOR AGES 12 AND OVER:

I agree to be responsible for all material borrowed with this card, for all fines incurred and for loss and damage of material charged upon it.

SIGNATURE

FOR AGES THROUGH 11 YEARS:

I agree to be responsible for all material borrowed with this card, for all fines incurred and for loss and damage of material charged upon it. I accept responsibility for the selection of materials made by this person.

SIGNATURE OF PARENT OR GUARDIAN

FOR STAFF USE ONLY - DO NOT WRITE BELOW THIS LINE

Date: _____

Staff Member: _____